



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____ Case No. _____

Court Address

STATE OF MARYLAND

or

VS.

Plaintiff/Petitioner

Defendant/Respondent

REQUEST FOR SPOKEN LANGUAGE INTERPRETER

Requests for interpreter should be submitted to the court not less than thirty (30) days before the proceeding for which the interpreter is requested.

Type of court proceeding: ☐ Criminal ☐ Civil ☐ Traffic ☐ Juvenile ☐ Family ☐ Other: _____

If this request is for Juvenile, please check the appropriate box: ☐ Delinquent ☐ Child in Need of Assistance (CINA)

☐ Child in Need of Supervision (CINS) ☐ Termination of Parental Rights (TPR) ☐ Adoption ☐ Other: _____

1. Hearing/trial date: _____ Time: _____ Courtroom: _____

☐ An interpreter is needed for THIS HEARING OR EVENT ONLY.

☐ I am a party (Plaintiff or Defendant) and need an interpreter FOR ALL HEARINGS & EVENTS RELATED TO THIS CASE, unless indicated otherwise.

2. Location of hearing/trial: _____ 3. LANGUAGE: _____

4. DIALECT: _____ 5. Country & region where language is spoken (do not omit): _____

Name of Person Requesting Interpreter: _____

Name of Person Who Needs Interpreter: _____

Person Needing Interpreter is the:

☐ Defendant/Respondent ☐ Attorney

☐ Plaintiff/Petitioner ☐ Victim

☐ Victim's Representative (includes a family member or guardian of a victim who is a minor, deceased, or disabled)

☐ Witness for: ☐ the Defendant/Respondent ☐ the State ☐ the Plaintiff/Petitioner ☐ Other: _____

NOTICE: If a court hearing or proceeding is postponed or continued, you do not need to make a new interpreter request. An interpreter will be provided for the new hearing date.

Date

Signature of Applicant/Applicant's Attorney or Representative

Attorney Number

Printed Name

Telephone Number

Address

Fax

City, State, Zip

E-mail